

**STATE OF MICHIGAN**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE SERVICES**  
**Before the Commissioner of Financial and Insurance Services**

In the matter of

XXXXX

Petitioner

File No. 85428-001

v

Blue Cross and Blue Shield of Michigan  
Respondent

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Issued and entered  
this 26<sup>th</sup> day of November 2007  
by Ken Ross  
Acting Commissioner

**ORDER**

**I**

**PROCEDURAL BACKGROUND**

On September 27, 2007, XXXXX, R.N., authorized representative of XXXXX (Petitioner), filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act (PRIRA), MCL 550.1901 *et seq.* The Commissioner reviewed the material submitted and accepted the request on October 4, 2007.

Because the appeal involved medical issues, the Commissioner assigned the case to an independent review organization (IRO), which provided its recommendations to the Commissioner on October 24, 2007.

**II**

**FACTUAL BACKGROUND**

The Petitioner received health care benefits from Blue Cross and Blue Shield of Michigan (BCBSM) under its Community Blue Group Benefits Certificate (the certificate).

The Petitioner's doctor requested preauthorization for a nuclear heart muscle multiple studies scan or SPECT scan (procedure code 78465). BCBSM denied preauthorization because, based on the documentation provided, the test did not meet the medical necessity criteria to allow payment.

The Petitioner appealed BCBSM's preauthorization denial. After a managerial-level conference on September 7, 2007, BCBSM did not change its decision and issued a final adverse determination dated September 12, 2007.

### **III ISSUE**

Did BCBSM properly deny preauthorization for the Petitioner's SPECT scan?

### **IV ANALYSIS**

#### **Petitioner's Argument**

The Petitioner suffers from significant coronary artery disease. According to his cardiologist:

He is [sic] status post inferior wall myocardial infarction with stenting of his right coronary artery. He also has an AV malformation with shunting from the right coronary artery to the superior vena cava.

His cardiologist ordered an echo study to assess for right-sided chamber dilation to his shunt. He also scheduled the stress nuclear study (the SPECT scan) "to assess for left ventricular healing as well as ischemia in the right coronary artery distribution as well as ischemia due to a steal phenomenon from his right coronary shunt." The cardiologist believes this is an appropriate evaluation for his combination coronary artery disease/ shunt.

The Petitioner argues that the care recommended by his doctor is medically necessary and BCBSM is required to preauthorize and pay for it.

#### **BCBSM's Argument**

BCBSM says the certificate indicates that medical necessity will be determined by physicians acting for BCBSM. American Imaging Management (AIM) is a third party administrator

that reviews and authorizes BCBSM's imaging requests. AIM requested further clinical information from the Petitioner's cardiologist (e.g., change in the EKG, etc.). AIM also requested a peer-to-peer discussion with the cardiologist because the clinical information provided did not meet medical necessity criteria for the exam requested. However, after AIM failed to obtain additional information, the case was closed and the preauthorization for the Petitioner's SPECT scan was denied.

#### Commissioner's Review

The Commissioner reviewed the certificate, the arguments and documents presented by the parties, and the IRO. BCBSM argued that the information provided did not establish the medical necessity for the SPECT scan.

The question of whether it was medically necessary for the Petitioner to have a SPECT scan was presented to an IRO for analysis as required by section 11(6) of PRIRA, MCL 550.1911(6). The IRO physician reviewer in this matter is board certified in internal medicine and in cardiology, holds an academic appointment, and has been in practice for more than ten years.

The IRO reviewer found that stress testing is generally considered for patients with symptoms or findings suggestive of coronary ischemia or for patients with prior coronary syndrome that did not present with chest discomfort. The IRO reviewer said it is not clear that the Petitioner's prior coronary syndrome presented without chest discomfort. There was no documentation that the Petitioner was experiencing symptoms or had findings that would suggest recurrent coronary ischemia.

Further, the IRO reviewer said the information provided in this case file "does not demonstrate that a stress echocardiogram could not be used to assess for RV (Right Ventricular) ischemia at the time of the already scheduled echocardiogram." The IRO reviewer indicated that RV ischemia would not be effectively assessed by nuclear stress testing. Based on this information and the available documentation, the IRO reviewer concluded that the requested SPECT scan is

not medically necessary for diagnosis and treatment of the Petitioner's condition at this time.

The IRO reviewer's recommendation is based on extensive expertise and professional judgment and the Commissioner finds no reason to reject it. Therefore, the Commissioner accepts the IRO reviewer's conclusion that the Petitioner's requested SPECT Scan is not medically necessary at this time. Based on this conclusion, the Commissioner finds that BCBSM is not required to preauthorize the Petitioner's SPECT nuclear heart scan.

**V  
ORDER**

Respondent BCBSM's September 12, 2007, final adverse determination is upheld. BCBSM is not required to preauthorize or cover the Petitioner's SPECT scan.

Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the circuit court for the county where the covered person resides or the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.